DISNEY ACADEMY 2027

APPLICATION & ENROLMENT FORM

Principal	Halima Cassim
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Address	81 Monument Rd; Lyttelton; Centurion

COPIES REQUIRED

ID copies of parents / guardians	☐
Copy of unabridged birth certificate	☐
Copy of clinic / immunisation card, with immunisations according to age	☐
Copy of medical aid card (not required if not on medical aid)	☐

Please note: It is the responsibility of the parents to hand in all relevant documents to the school. If an emergency occurs and the school does not have the relevant documents, Disney Academy takes no responsibility. If any information changes, parents must update the school immediately.

The learner will only be released to authorised persons. If an unknown person is sent for pick-up, please inform the Principal. A release code will be issued.

Initial each page at the bottom right corner.

ENROLMENT FORM - LEARNER'S INFORMATION

Learner's Name _____	Surname _____
Preferred Name _____	Date of Birth _____
Age: Years _____	Age: Months _____
Gender ☐ Male ☐ Female	Nationality _____

Up until now where has the learner been?

☐ Home	☐ Crèche
Name of creche and reason for leaving _____	

Is the learner potty trained?

☐ Yes	☐ No	☐ Almost

Is the learner's immunisation up to date according to age?

☐ Yes	☐ No
If no; reason for delay _____	

Any allergies the school needs to know of (bees, food, asthma, etc.) _____

List operations / physical or mental disabilities _____

Indicate special precautions to be taken in the care of your child _____

Note: If allergies are not disclosed, Disney Academy takes no responsibility for any allergic reaction.

It is the parent's responsibility to update the school if any allergies arise during enrolment.

FAMILY INFORMATION

Please indicate the family structure by ticking the appropriate box:

☐ Both Parents ☐ Single Parent (Unmarried) ☐ Single Parent (Divorced) ☐ Widow / Widower

☐ Foster Care ☐ Children's Home ☐ Other: _____

TRANSPORT INFORMATION

Method of Transport to School

☐ Parent / Guardian ☐ Taxi / Bus ☐ Transport Company ☐ Other: _____

Transport Company Name	Driver Name

Driver Contact Number	Alternative Contact Number

Person Responsible for Collecting Learner (if different from parent)

Name & Surname: _____

Relationship to Learner: _____

Contact Number: _____

FAMILY DOCTORS INFORMATION

Practice Name

_____

Doctor Name and Surname

_____

Doctor Work Number

_____

Doctor Cell Number

_____

Business Physical Address

_____

_____

Medical Aid Group

_____

Medical Aid Number

_____

Medication / Health Notes

_____

_____

Important notes for the school

_____

_____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Name and Surname _____

Relation to the Learner _____

Does the learner reside with this Parent/Guardian?
☐ Yes ☐ No

ID Number _____

Type of ID ☐ SA ID ☐ Passport ☐ Other _____

WhatsApp Number _____

Cell Number _____

Personal Email Address _____

Residential Address _____

_____

EMPLOYMENT INFORMATION

Company Name _____

Occupation / Position _____

Company Physical Address _____

_____

Period of Service _____

Working Hours _____

Work Number and Ext _____

Work Email Address _____

OCCUPATION STATUS (TICK ONE)

☐ Own Employer - Professional
☐ Pensioner
☐ Own Employer - Non-Professional
☐ Student
☐ Housewife / Homemaker
☐ Temporary Employment
☐ Part-Time Employment
☐ Full-Time Employment
☐ Contract Work
☐ Unemployed

EMPLOYMENT TYPE (TICK ONE)

☐ Permanent ☐ Temporary ☐ Contract ☐ Self-Employed ☐ Part-Time

PERSON RESPONSIBLE FOR SCHOOL FEES _____

MEDICAL AID INFORMATION

Medical Aid Group _____

Medical Aid Number _____

Parent Initials: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Name and Surname _____

Relation to the Learner _____

Does the learner reside with this Parent/Guardian?

☐ Yes ☐ No

ID Number _____

Type of ID ☐ SA ID ☐ Passport ☐ Other _____

WhatsApp Number _____

Cell Number _____

Personal Email Address _____

Residential Address _____

_____

EMPLOYMENT INFORMATION

Company Name _____

Occupation / Position _____

Company Physical Address _____

_____

Period of Service _____

Working Hours _____

Work Number and Ext _____

Work Email Address _____

OCCUPATION STATUS (TICK ONE)

☐ Own Employer – Professional ☐ Pensioner

☐ Own Employer – Non-Professional ☐ Student

☐ Housewife / Homemaker ☐ Temporary Employment

☐ Part-Time Employment ☐ Full-Time Employment

☐ Contract Work ☐ Unemployed

EMPLOYMENT TYPE (TICK ONE)

☐ Permanent ☐ Temporary ☐ Contract ☐ Self-Employed ☐ Part-Time

PERSON RESPONSIBLE FOR SCHOOL FEES _____

MEDICAL AID INFORMATION

Medical Aid Group _____

Medical Aid Number _____

Parent Initials: _____

IN CASE OF EMERGENCY

Other than the parents, the following person may be contacted:

Name and Surname _____

Relation to the Child _____

Work Number _____

Cell Number _____

Email Address _____

Residential Address _____

(Please include street address, suburb and postal code)

_____

_____

EMERGENCY CONSENT

Disney Academy reserves the right, in case of an emergency, to summon its own doctor or any other doctor who may be available at the time of emergency, if the child's usual doctor is unavailable. The parents shall support the actions of the school and undertake to ascertain the circumstances surrounding the emergency from the school. Costs for which the parents are liable.

The school undertakes to take all reasonable steps to prevent accidents or injuries to the children. Disney Academy will under no circumstances be held responsible for any sickness or injuries the child may incur whilst under the supervision of the school, irrespective of circumstances prevailing or due to circumstances beyond the school's control.

Please sign below so that we can take appropriate action on behalf of your child. I hereby give my/our consent for my/our child.

Signature _____

Date _____

SOCIAL MEDIA CONSENT (OPTIONAL)

From time to time, we may take photos or videos of activities, projects or events at Disney Academy.
These may be used for social media, our website, or promotional material to celebrate our school community.
No child's full name will be used, and we will always aim to respect your privacy.

Please tick one option below:

☐ Yes, I give permission for photos/videos of my child to be used for the above purposes.

☐ No, I do not give permission for photos/videos of my child to be used for the above purposes.

You can change your choice at any time by letting us know in writing.

Parent Initials: _____

MONTHLY FEES

A non-refundable registration fee and the first month's fees are payable to secure your child's enrolment.

If your child withdraws during the middle of the month, no pro-rata refund will be issued.

December fees are payable in full.

This contract is valid for a period of 12 months. Monthly fees remain payable in full irrespective of public holidays and days when the school is closed.

The months of November and December are not accepted as notice-giving months. No notice of withdrawal will be accepted during these months. Regular school fees remain payable should you choose not to send your child.

Monthly fees include sick days, public holidays and scheduled vacation periods. These are considered part of the annual fee structure and are based on booked days, not actual attendance. No refunds will be granted for days when your child does not attend.

Parents are required to submit written notice of one (1) month should they wish to terminate this contract. The written notice must be submitted during the month in which the termination takes effect. No exceptions will be made for November and December, during which terminations will not be accepted.

All fees must be paid on or before the last day of each month. A grace period is provided until the 3rd of the following month, after which a penalty may apply.

If fees for the 15th of the month remain unpaid, school fees must be paid in advance for the following month. Should you choose to commence schooling on the 1st of the month, the initial payment will include a 15-day pro-rata amount.

- *Annual school fees paid in advance are non-refundable.*
- *Refund requests will be considered solely at the discretion of management.*
- *Annual fee payments made in advance by parents signify their commitment to the full academic year. Therefore, no refunds will be provided in the event of withdrawal, relocation, absenteeism, or any other reason for terminating enrolment before the end of the academic year.*

COMPULSORY PURCHASES FOR THE CHILD'S ACADEMIC YEAR:

- Uniform
- Text book
- Stationery

ADDITIONAL FEE PROTECTION TERMS:

- All monthly fees are due in advance, regardless of attendance.
- Late payments: A late fee of R150.00 will be charged on any account not paid by the 3rd of the month.
- If payment is not received by the 7th of the month, the account will be considered in arrears and may result in your child not being allowed to attend until the account is settled.
- Accounts more than 30 days in arrears may be handed over for debt collection and all legal costs will be for the parent's account.
- Repeated late payments or non-payment may result in immediate termination of enrolment.
- The school reserves the right to increase fees by giving one calendar month's written notice.
- Banking details must be kept up to date. Fees remain the parent's responsibility in the event of a declined payment due to incorrect details or insufficient funds.
- Proof of payment must be provided for EFT payments.
- It is the parent's responsibility to ensure payment reflects before the due date.

Parent Initials: _____

PAYMENT OPTIONS

Payment Option 1

12 months

R2400 per month

Sign your option: _____

Payment Option 2

Save R3600 by making an annual payment

Once-off R25200
This works out to R2100 per month

Sign your option: _____

Payment Option 3

Pay January fees and December fees in advance and save R300.

January fees R2400 and December fees R2100 - upon registration R4500.
Thereafter 11 months at R2400.

Sign your option: _____

REGISTRATION AND SCHOOL FEES

Registration fee (non-refundable)	R850
School fees (full day including breakfast and lunch)	R2400
Sibling fee when you enrol 2 or more children. You do not pay registration for the 2nd child.	R2150
Half day school fees (including breakfast and lunch)	R2150
Daily visitors	R240

EXTRA MURAL ACTIVITIES
(NOT COMPULSORY)

Mathskids A fun, play-based maths programme that develops number sense, problem solving and logical thinking.	R180
Supersonic (Outside Stimulation) Outdoor activities that promote physical development, coordination, gross motor skills and a love for nature.	R180
Dance Beetles Kids get introduced to different musical instruments and sing in different languages – English, Afrikaans and Zulu.	R180
Computers Age-appropriate computer activities that introduce children to technology and develop early digital skills.	R180
Speech Therapy Individual or small group sessions to support speech, language and communication development.	R240
Reading For Life Phonics and reading readiness programme that builds early literacy and a love for reading.	R240

UNIFORMS, TEXT BOOKS AND STATIONERY
Please speak to the office for prices and to place orders.

Parent Initials: _____

BANKING DETAILS

Bank	FNB
Account Name	Disney Academy
Account Number	63070398186
Account Type	Business
Branch Code	261550
Reference	Use your child's name as reference

TERMS AND ACCEPTANCE

1. In the event that school fees or any other amounts due to Disney Academy are not paid when due, the school reserves the right to take the necessary administrative and legal steps to recover the outstanding amounts in accordance with applicable laws and school policies.

2. I am aware that my/our personal details may be provided to the relevant credit bureau and/or Disney Academy's legal representatives for the purpose of recovering outstanding amounts and issuing formal notices of demand. Should no satisfactory arrangement be made, the account may be referred for debt collection.

3. All costs incurred in the recovery of outstanding amounts, including attorney-and-client costs, collection commission, tracing fees, and any related legal expenses, may be recovered from the parent/guardian responsible for the account.

4. I/We understand that this application and enrolment agreement constitutes a legally binding agreement between myself/ourselves and Disney Academy. Any variation, amendment, or alternative payment arrangement shall be valid only if recorded in writing and signed by both parties.

5. Should I/we experience financial difficulty or require a payment arrangement, I/we undertake to communicate with the Principal or Management as soon as possible.

I/We hereby apply for the enrolment of my/our child/children at Disney Academy and acknowledge that I/we have read, understood, and agree to comply with all policies, procedures, rules, and financial obligations contained in this application form.

Signature Mother / Guardian _____

Signature Father / Guardian _____

Date _____

OFFICE USE ONLY

Application received	☐
Documents received	☐
Registration fee paid	☐
First month fee paid	☐
Payment option selected	☐
Class allocated	☐
Start date: _____	☐
Application approved	☐
Principal / Office signature: _____	☐

COMPULSORY DOCUMENTS CHECKLIST

- ☐ Copy of Child's Birth Certificate
- ☐ Copy of Parent / Guardian ID
- ☐ Immunisation Record
- ☐ Proof of Residence
- ☐ Proof of Payment

NOTES:

_____

_____

_____

BOOKS
PLAY
LEARN
READ
GROW
EXPLORE

Parent Initials: _____